

Name
in
Full

Mary C Aldridge

CERTIFICATE OF DEATH

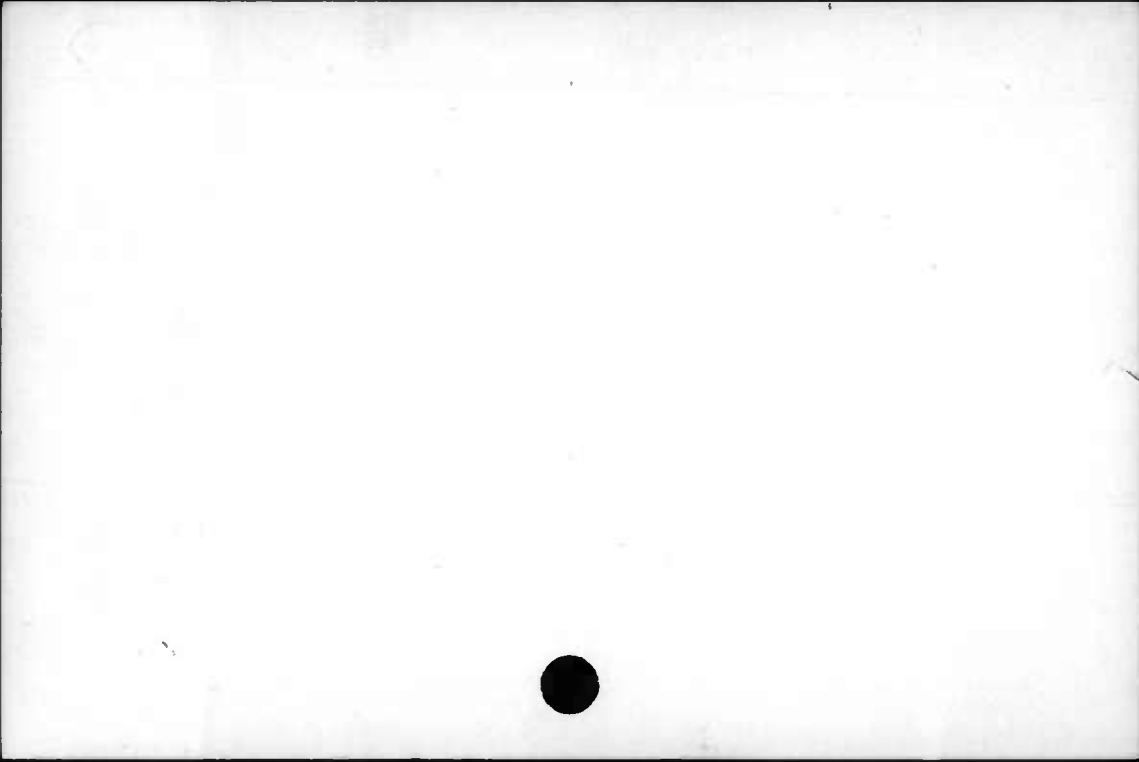
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Easton</u>		County <u>Talbot</u>		STATE <u>MARYLAND</u>	
Date of death		1907	Month <u>Sept</u>	Day <u>9</u>	Age <u>54</u>	Years	Months
Sex	<u>Female</u>		Color or Race	<u>White</u>		Birth-place	<u>Philad'a</u>
Occupation	<u>House Keeper</u>			Where Residing if not at place of death			<u>—</u>
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband				
Father's Name	<u>Saml. A. Aldridge</u>					Father's Birthplace	<u>Cecil Co. Md</u>
Mother's Maiden Name	<u>Abelard Carviger</u>					Mother's Birthplace	<u>Philadelphia</u>
Name of person giving Information	<u>Mrs J. M. Carviger</u>					How related to deceased	<u>Niece</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis of Bowel</u>	(29)	How long	<u>6 mos</u>
Immediate	<u>Exhaustion</u>		How long	<u>few wks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Chas. J. Davidson</u>	
<u>Yes</u>		Address	<u>Easton Md.</u>	
Accident or Suicide?		<u>No</u>		



Name
in
Full

Louis Breese

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Euston</u> Town		<u>Talbot</u> County		MARYLAND		
Date of death <u>1907</u>	Month <u>Sep</u>	Day <u>11</u>	Age <u>—</u>	Years <u>—</u>	Months <u>6</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Blk</u>		Birth-place <u>Euston</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>			
Father's Name <u>Wynnon Russin</u>			Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>John Breese</u>			Mother's Birthplace <u>Md</u>			
Name of person giving information <u>E. Breese</u>			How related to deceased <u>S. Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Eustis - Cutler</u>	How long <u>2 weeks</u>
Immediate <u>Heart Failure</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>B. Bennett</u>
<u>—</u>	Address <u>Euston</u>
Accident or Suicide?	



Name
in
Full

Mary E. Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

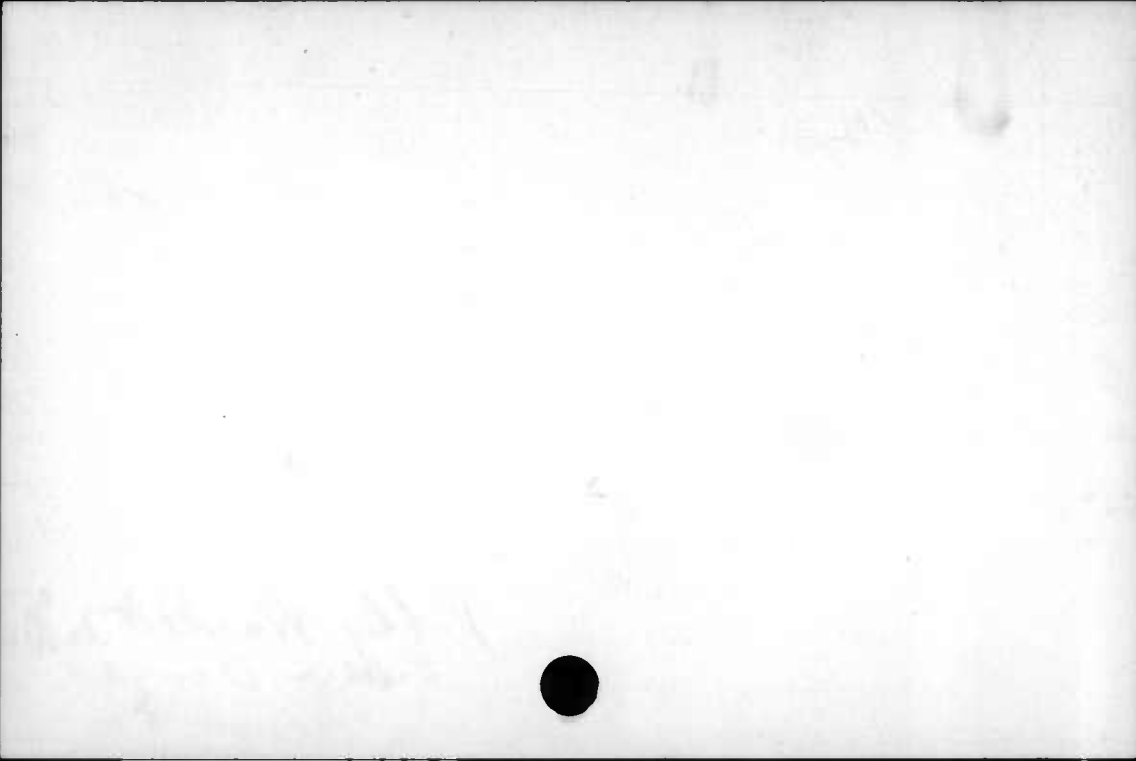
Died at <i>Easton</i> <small>Town</small>		<i>Talbot</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>17</i>	Age <i>38</i>	Years <i>38</i>
Sex <i>Female</i>	Color or Race <i>Mulatto</i>		Birth-place <i>Easton</i>		
Occupation <i>Washwoman</i>	Where Residing if not at place of death <i>Easton</i>				
Married, or Widowed	Name of Wife or Husband <i>Edward Chase</i>				
Father's Name <i>James Jackson</i>	Father's Birthplace <i>Easton</i>			Mother's Birthplace <i>Talbot</i>	
Mother's Maiden Name <i>Mary Anna Sumner</i>	How related to deceased <i>Sister</i>			Name of person giving information <i>Adelle Sumner</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>Don't know</i>
Immediate <i>Exhaustion</i>	How long <i>a few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. R. Fyfe</i>
	Address <i>Easton, Md</i>
Accident or Suicide? <i>No</i>	



Name In Full		Ida Chilnoski				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Queen Anne</i>		County <i>Talbot</i>		MARYLAND			
	Date of death		190	Month <i>7</i>	Day <i>15</i>	Age <i>1</i>	Years	Months <i>4</i>	Days	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>near Warsaw, Russia</i>					
	Occupation					Where Residing if not at place of death				
	Married, Single or Widowed					Name of Wife or Husband				
	Father's Name <i>Frank Chilnoski</i>					Father's Birthplace <i>Russia</i>				
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Mattie Duboski</i>					Mother's Birthplace <i>Russian Poland</i>				
	Name of person giving information <i>Mrs. Chilnoski</i>					How related to deceased <i>Mother</i>				
	CAUSES OF DEATH									
	<div style="text-align: right;">(105)</div>									
PHYSICIAN OR CORONER	Primary					How long				
	Immediate <i>Cholera Infantum</i>					How long				
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician <i>Robly Hackett M.D.</i>				
						Address <i>Queen Anne, Monks</i>				
Accident or Suicide?										



Name
in
Full

Minnie M Callius

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

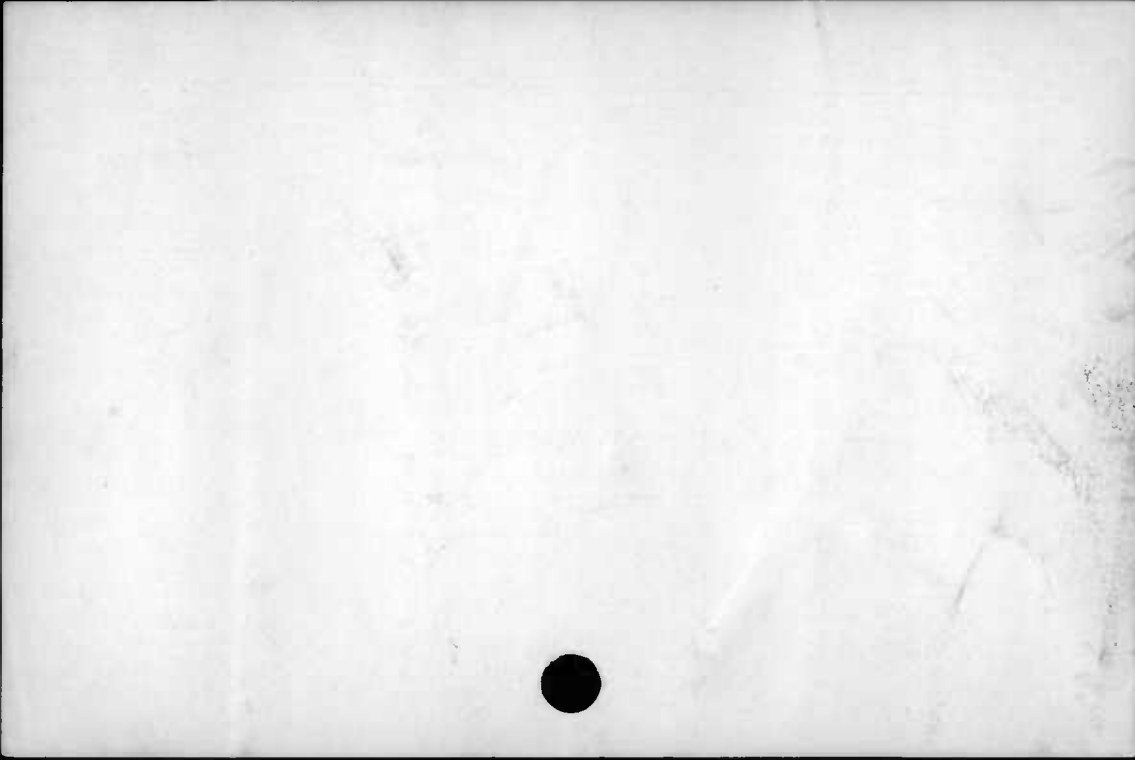
Died at <u>Coast</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Sep</u>	Day <u>4</u>	Age <u>20</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Unknown</u>		
Occupation <u>housewife</u>			Where Residing if not at place of death <u>near Turkey</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Harry Callius</u>				
Father's Name <u>Frank Dexter</u>	Father's Birthplace <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>	How related to deceased <u>Sister</u>		Name of person giving information <u>Harry D. Callius</u>		

non-putrescent.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Peritonitis</u>	How long <u>3 weeks</u>
Immediate <u>Explosion</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Probable</u>	Signature of Physician <u>J. B. Mendenhall</u>
<u>cause of peritonitis was rupture of pus. tube.</u>	Address <u>Carter Hill</u>
Accident or Suicide?	



Name
in
Full

Norman Collins.

CERTIFICATE OF DEATH

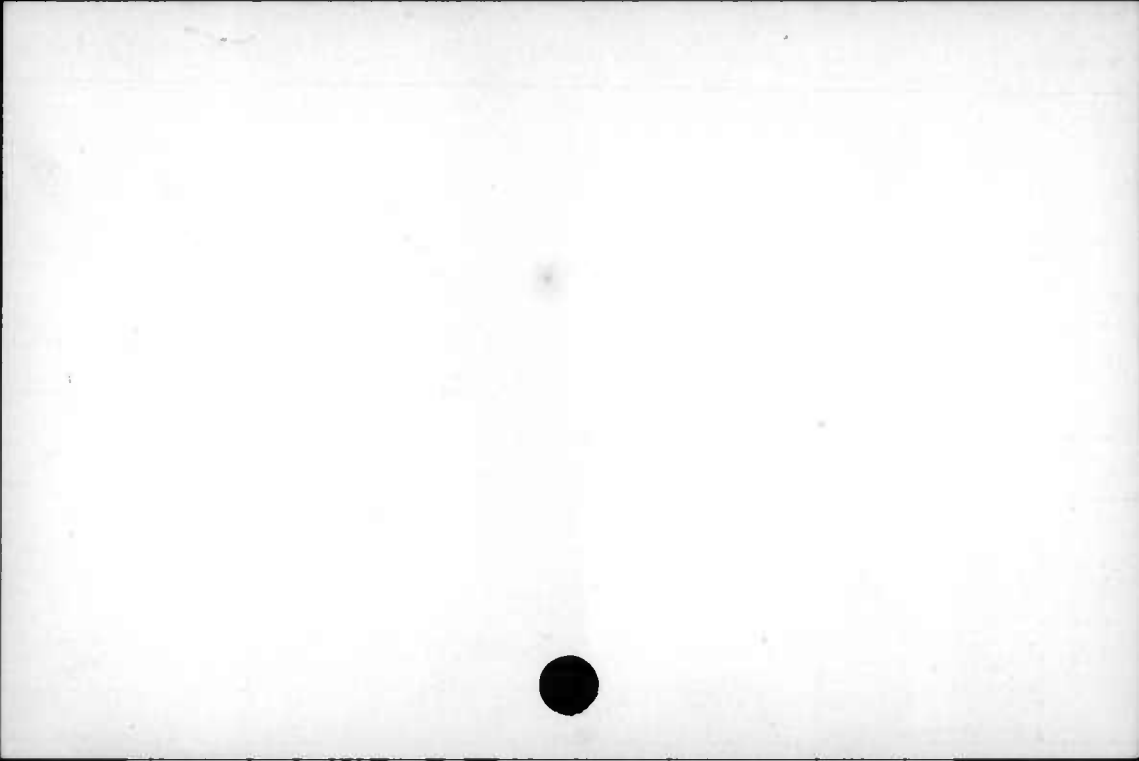
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>new</i>		Town <i>Andy Hill</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>9-</i>	Day <i>6-</i>	Age <i>2.</i>	Years	Months <i>1-</i>	Days <i>3-</i>	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Talbot Co Md</i>				
Occupation _____			Where Residing if not at place of death _____				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Henry M Collins.</i>		Father's Birthplace <i>Talbot Co Md</i>					
Mother's Maiden Name <i>Sadie B. Saunders.</i>		Mother's Birthplace <i>Talbot Co Md</i>					
Name of person giving information <i>Susan Collins</i>		How related to deceased <i>Grand mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus.</i>	119	How long <i>3 months.</i>
Immediate <i>Nephritis.</i>		How long <i>2 weeks -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Joseph A. Cox M.D.</i>
		Address <i>Talbot Co Md</i>
<i>Accident or Suicide</i>		



Name
in
Full

Larry Coxen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town Easton		County Talbot	
Date of death		Month 1907	Day 30	Age 67	Years
Sex Male		Color or Race Black		Birth-place Balto	
Occupation Laborer		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Caroline Coxen			
Father's Name Don't know		Father's Birthplace unknown			
Mother's Maiden Name unknown		Mother's Birthplace unknown			
Name of person giving information Caroline Coxen		How related to deceased wife			

CAUSES OF DEATH

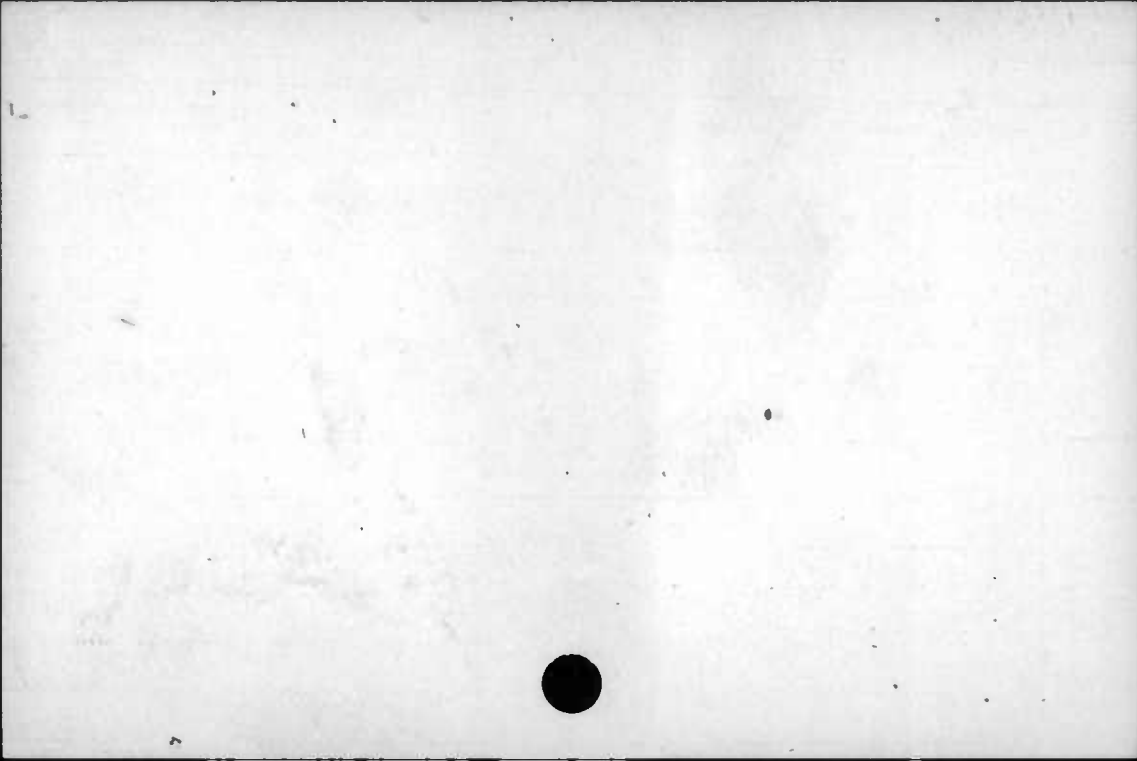
79

How long

How long

PHYSICIAN
OR CORONER

Primary	Heart of Indigestion
Immediate	Heart Failure
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
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Full

CERTIFICATE OF DEATH

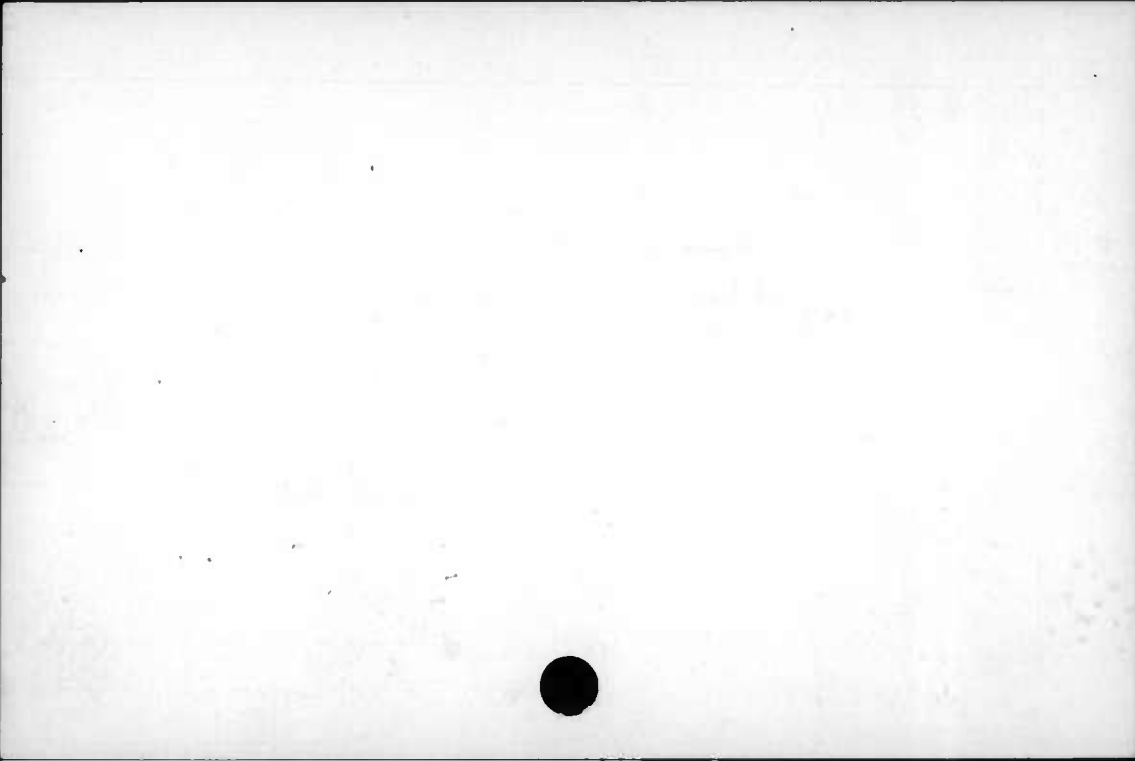
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Easton		County Taliaferro		MARYLAND		
Date of death		1907	Month Sep	Day 3	Age Years	Months	Days	
Sex	Male	Color or Race		Black		Birth- place		Easton
Occupation		Barman		Where Residing if not at place of death				X
Married, Single or Widow		Name of Wife or Husband						Mary Johnson
Father's Name		Samuel Johnson				Father's Birthplace		X
Mother's Maiden Name		Mary Gibbs				Mother's Birthplace		Taliaferro
Name of person giving In formation		Mary Johnson				How related to deceased		Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lymphoid fever	How long	3 wks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		A. J. Hayward MD	
no		Address	
Accident or Suicide?		Easton	
		M.D.	



Name
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Full

Frederick Donaton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

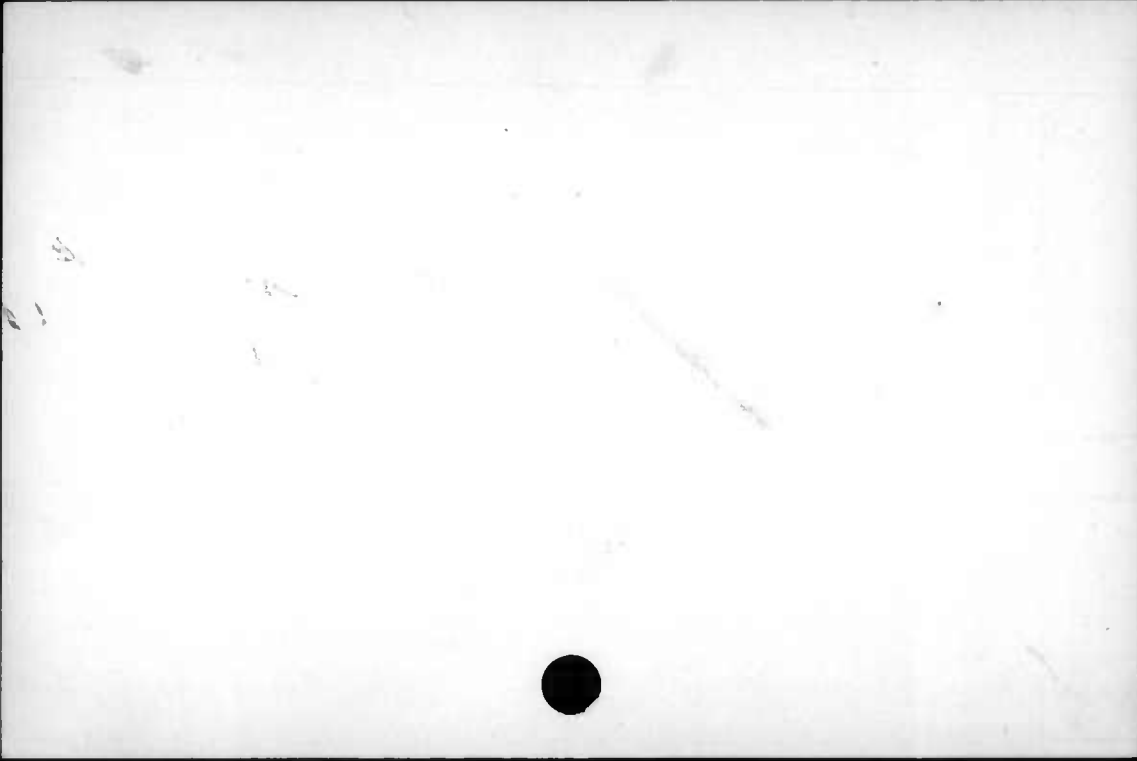
Died near		Town		County		STATE	
Date of death		Month	Day	Age	Years	Months	Days
1907		9	27	68			
Sex		Color or Race		Birth-place			
Male		White		Germany			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Mary Donaton					
Father's Name		Father's Birthplace					
Don't know							
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
Mary Donaton		2d. wife					

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	Cancer of the Stomach.	How long	Not known
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Joseph A. Ross, M.D.	
		Address	
		Pappe Salton Co. Ind.	
Accident or Suicide?			



Name
in
Full

Walter Edmund

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

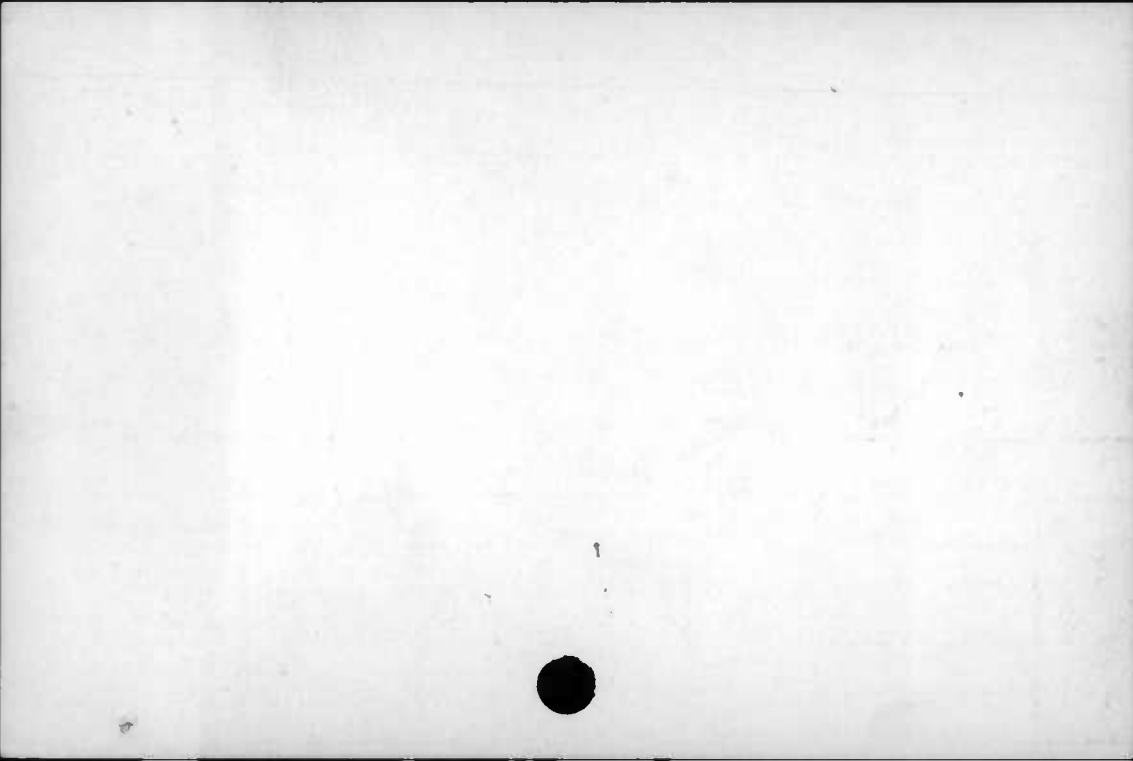
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Sept	29				7
Sex	Male		Color or Race	White		Birth-place	Bozman
Occupation	—		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	David Edmund					Father's Birthplace	Louisburg W. Va.
Mother's Maiden Name	Cornelia V. Sutton					Mother's Birthplace	Bozman Md
Name of person giving information	David Edmund					How related to deceased	Father

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	Broncho-pneumonia		How long	Three days
Immediate	Respiratory Failure		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. H. Lopez M.D.
			Address	St. Michaels Md.
Accident or Suicide?				



Name
in
Full

Emily Johnston Goldsborough

CERTIFICATE OF DEATH

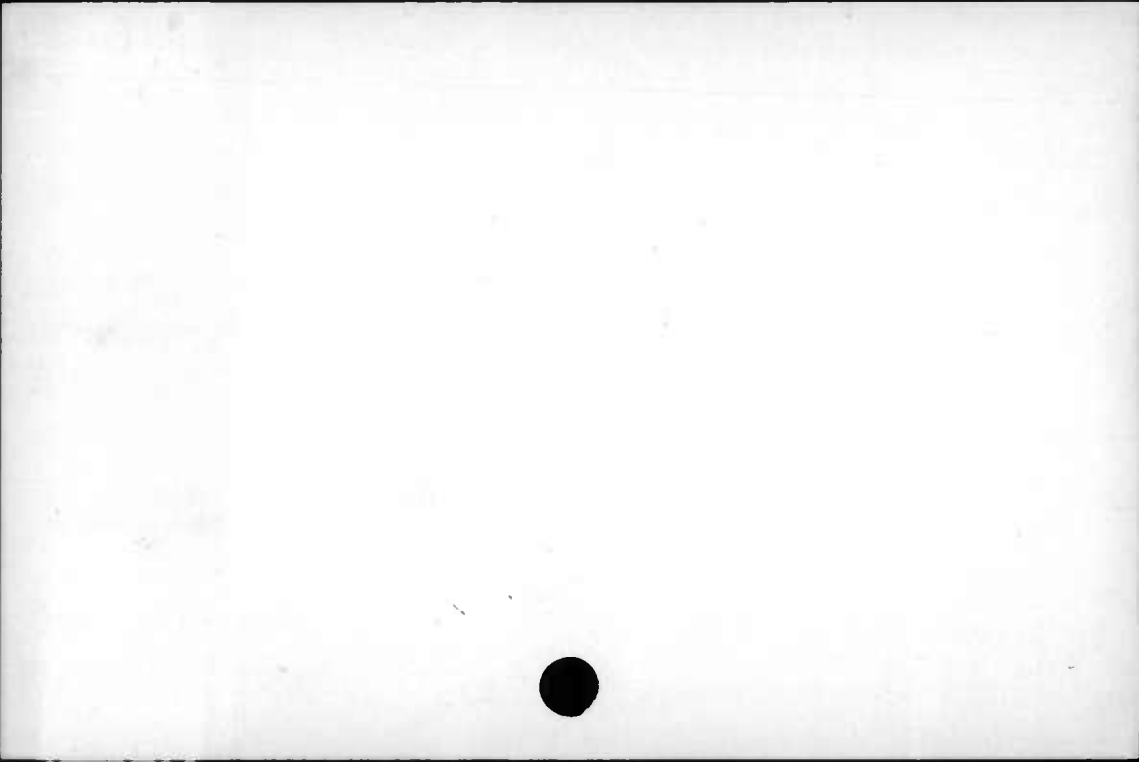
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Easton		County Talbot		MARYLAND	
Date of death		1907	Month sept	Day 1	Age 63	Years 2	Months 15
Sex Female		Color or Race white		Birth- place Ireland			
Occupation Lady				Where Residing if not at place of death			
Married, Single or Widowed widow		Name of Wife or Husband Jas M Goldsborough					
Father's Name Thomas S. Johnston		Father's Birthplace Ireland					
Mother's Maiden Name Emily Ann Boothe		Mother's Birthplace England					
Name of person giving In formation Mrs A. L. Tharp		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Colitis	(106)	How long	too few wks
Immediate	Exhaustion		How long	few days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician Chas. J. Davidson M.D.	
			Address Easton, Md.	
Accident or Suicide?				



Name
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Full

Henrietta Elizabeth Hall.

CERTIFICATE OF DEATH

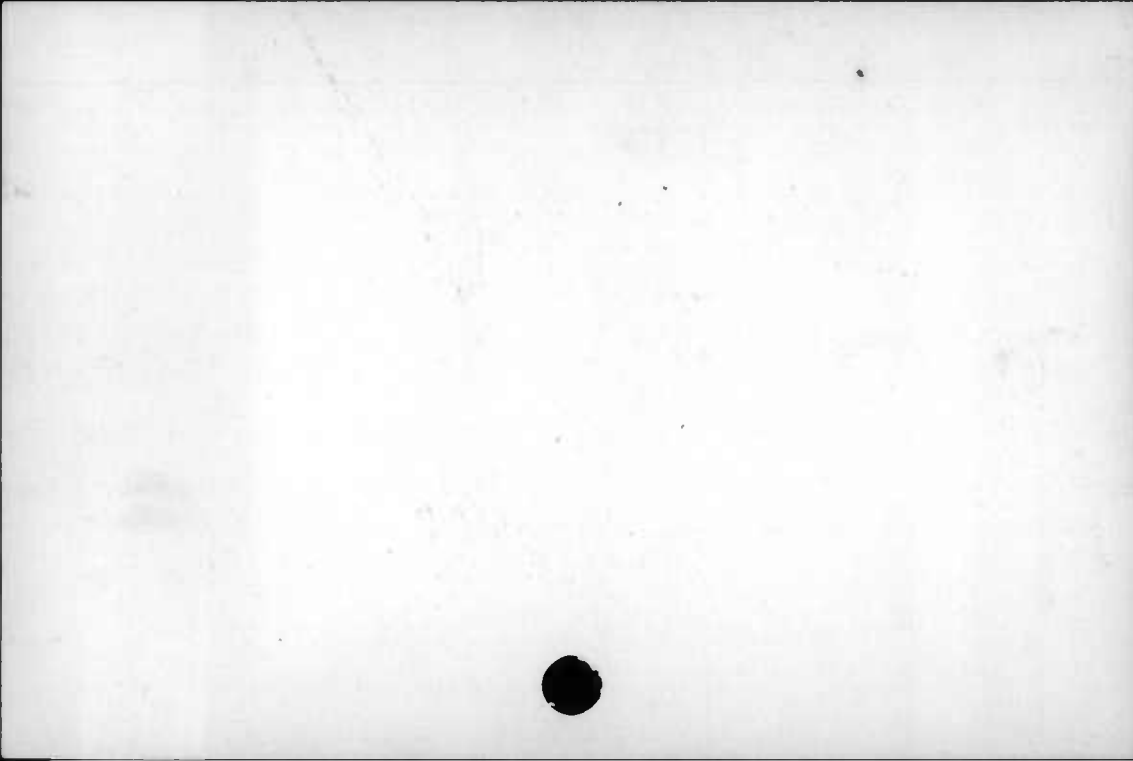
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Offord</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1907	Month <i>Sept.</i>	Day <i>13.</i>	Age <i>39</i>	Years	Months <i>11</i>	Days <i>19</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Washington D.C.</i>				
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Offord Md</i>						
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband <i>William Ashbury Hall</i>						
Father's Name <i>George Posey</i>	Father's Birthplace <i>Virginia</i>						
Mother's Maiden Name <i>Sarah Hymon</i>	Mother's Birthplace <i>Virginia</i>						
Name of person giving information <i>William Ashbury Hall</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid, fever.</i>	How long <i>3 weeks</i>
Immediate <i>Heart Failure.</i>	How long <i>5 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. M. C. C. C. M. C.</i>
	Address <i>Offord Talbot Co. Md.</i>
Accident or Suicide? <i>No</i>	



Name
In Full

Mildred Olivia Harrison

CERTIFICATE OF DEATH

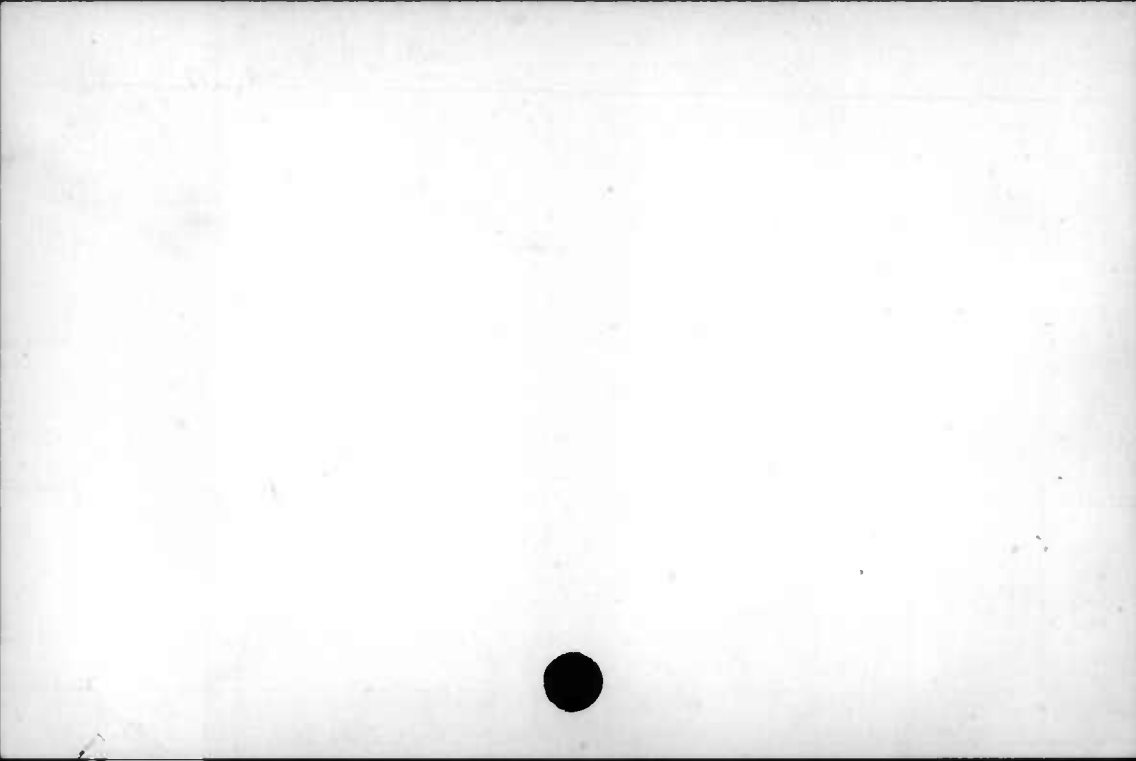
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Trapp</u> Town		<u>Salbor</u> County		MARYLAND	
Date of death	<u>1907</u> Month <u>Sept</u>	Day <u>10</u>	Age <u>1</u> Years	Months <u>10</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Salbor Co.</u>		
Occupation <u>✓</u>	Where Residing if not at place of death <u>✓</u>				
Married, Single or Widowed <u>wife</u>	Name of Wife or Husband <u>✓</u>				
Father's Name <u>Ormond L. Harrison</u>	Father's Birthplace <u>Salbor Co.</u>		Mother's Birthplace <u>Salbor Co.</u>		
Mother's Maiden Name <u>Ethel Price</u>	Name of person giving information <u>Ormond L. Harrison</u>		How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Enteric-Paratyphoid</u>	How long <u>105</u>	How long <u>6 weeks</u>
Immediate <u>Pulmonary edema</u>	How long <u>a few hours</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>William S. Seymour</u>	Address <u>Trapp Md</u>
Accident or Suicide? <u>no</u>		



Name
in
Full

Not named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

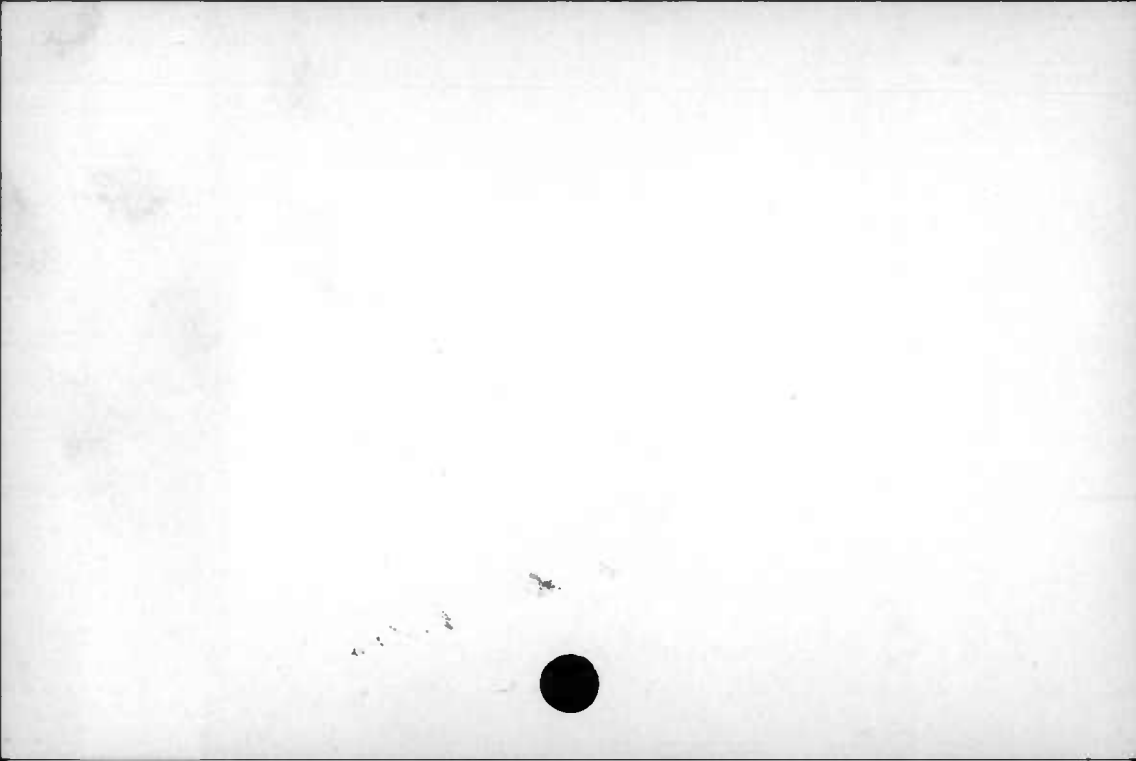
Died at		Town Easton		County Talbot		MARYLAND			
Date of death		1907	Month Sept	Day 26	Age 0	Years 0	Months 0	Days 14	
Sex		Girl		Color or Race		Black		Birth- place	Easton
Occupation				Where Residing if not at place of death					
None									
Married, Single or Widowed		Single		Name of Wife or Husband		X			
Father's Name		James Hines					Father's Birthplace		Md
Mother's Maiden Name		Mary Calstone					Mother's Birthplace		Md
Name of person giving In formation		John Brooks					How related to deceased		neighbour

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary		Dy weak from birth		How long		
Immediate		Exhaustion		How long		
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. R. Zuppe Registrar
				Address		Easton Md
Accident or Suicide?				No physician in case		



Name
in
Full

CERTIFICATE OF DEATH

Edward Horsey -

MARYLAND

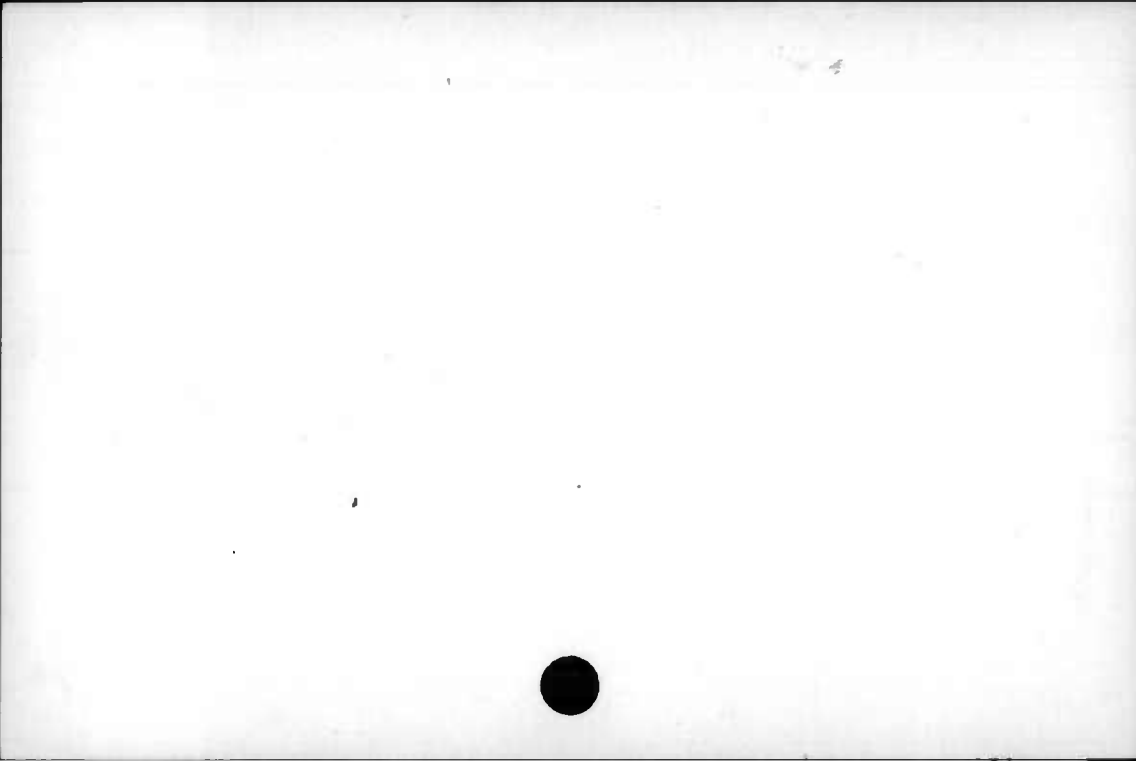
Died at ^{Town} <i>Elizabethton</i> ^{County} <i>Labort</i>			
Date of death <i>1907</i>	^{Month} <i>Sept</i>	^{Day} <i>18</i>	^{Years} <i>-</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Somerset Co Ind</i>	
Occupation <i>-</i>	Where Residing if not at place of death <i>" "</i>		
Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>-</i>		
Father's Name <i>John Horsey</i>	Father's Birthplace <i>Somerset Co</i>		
Mother's Maiden Name <i>Minnie Byrd</i>	Mother's Birthplace <i>Somerset Co</i>		
Name of person giving information <i>John Horsey</i>	How related to deceased <i>Father</i>		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

157

PHYSICIAN OR CORONER	Primary <i>Marasmus</i>	How long <i>From birth</i>
	Immediate <i>Asphyxia</i>	How long <i>" "</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>S. Kennedy Wilson</i>
	Address <i>Elizabethton Ind</i>	
	Accident or Suicide? <i>No</i>	



Name
In
Full

Eva Belle Hummer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

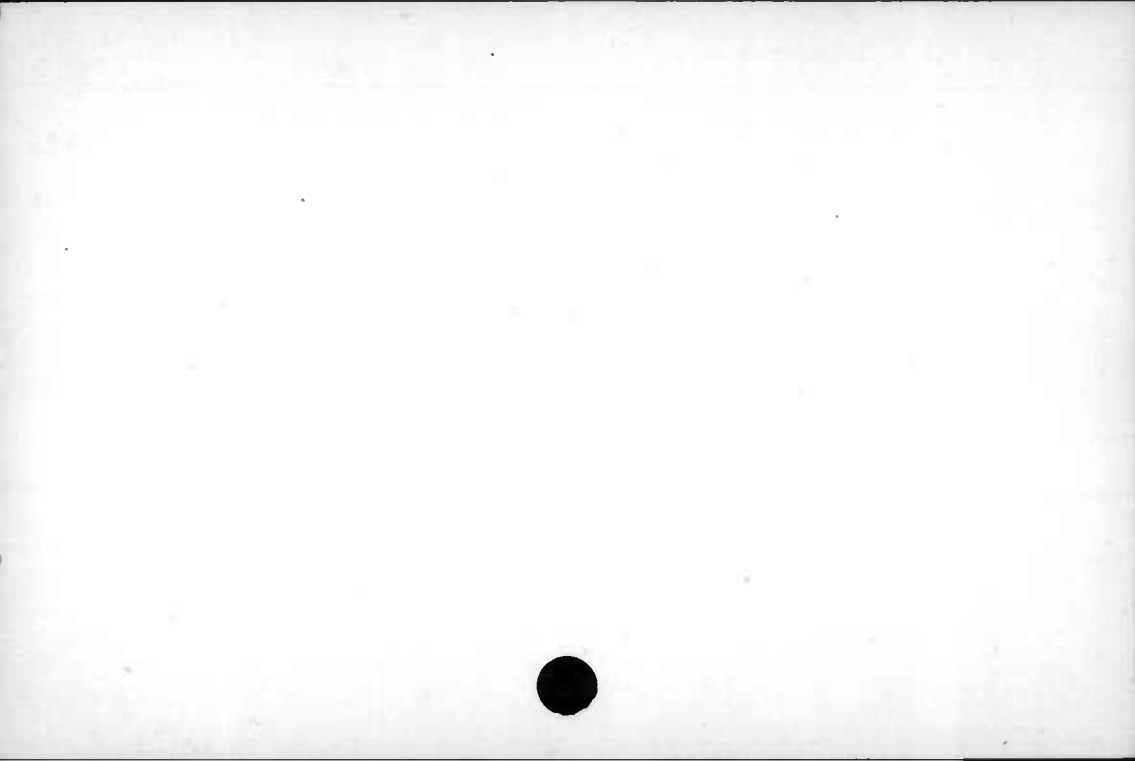
Died near		Town Trappe.		County Talbot		MARYLAND	
Date of death 1907		Month 9.	Day 22	Age	Years	Months 8.	Days 20
Sex Female		Color or Race White		Birth-place Talbot Co, Md.			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed Single		Name of Wife or Husband _____					
Father's Name Thomas H. Hummer.				Father's Birthplace Talbot Co, Md			
Mother's Maiden Name Minnie Belle Saunders.				Mother's Birthplace Dorchester Co Md			
Name of person giving information Thos H Hummer				How related to deceased Father			

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	Tubercular-Cerebro-Spinal Meningitis.	How long	6 weeks -
Immediate	Exhaustion	How long	_____
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Joseph A Ross M D	
No		Address	
_____		Trappe Talbot Co, Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

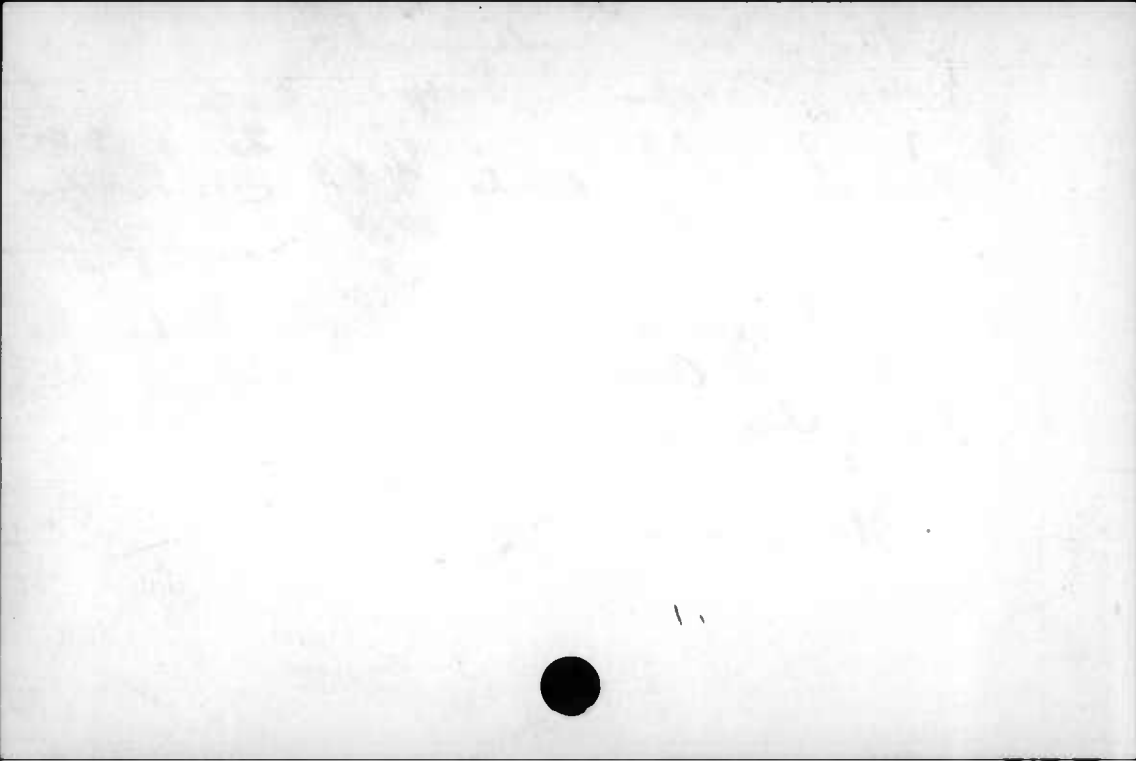
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Easlov		County Talbot		MARYLAND	
Date of death	1907	Month Sept	Day 3	Age Years 3	Months	Days	
Sex	Male		Color or Race	Black		Birth- place	Easlov
Occupation	X			Where Residing if not at place of death		X	
Married, Single or Widowed	X		Name of Wife or Husband				
Father's Name	Thomas G. Jenkins					Father's Birthplace	Talbot
Mother's Maiden Name	Jane Brown					Mother's Birthplace	Georgetown
Name of person giving Information	Bess Jenkins					How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enter - Culture	How long	4 weeks
Immediate	Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
Accident or Suicide?	Address		
	B. Merritt Easlov		



Name
in
Full

Maggie Lee Jenkins

CERTIFICATE OF DEATH

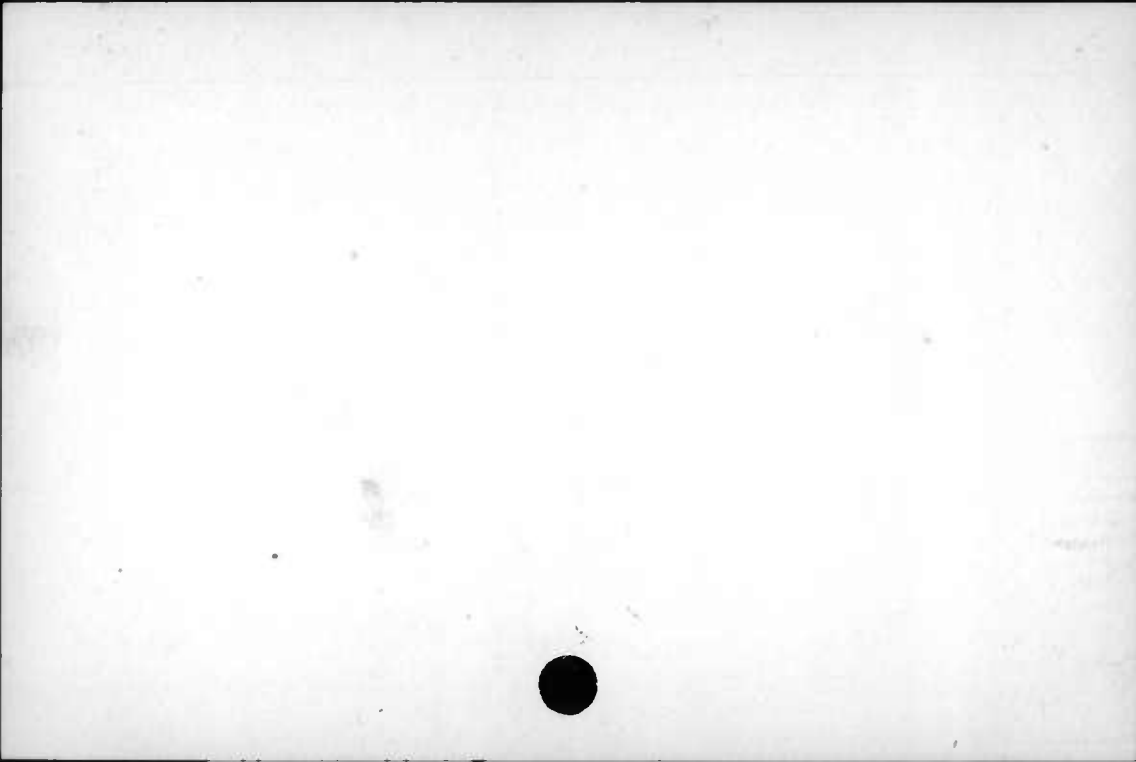
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Near <i>Tropps</i>		County		<i>Talbot</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days		
1907		9	28			2	20		
Sex		<i>Female</i>		Color or Race		<i>White</i>		Birth-place	
								<i>Near Tropps</i>	
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name				<i>Geo L. Jenkins</i>				Father's Birthplace	
								<i>Talbot Co</i>	
Mother's Maiden Name				<i>Mary L. Coleman</i>				Mother's Birthplace	
								<i>" "</i>	
Name of person giving information				<i>Geo L. Jenkins</i>				How related to deceased	
								<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	<i>(151)</i>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>A. P. Ross, J. P.</i>	
		Address	
		<i>[Signature]</i>	
Accident or Suicide?			



Name
in
Full

Lehas A Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

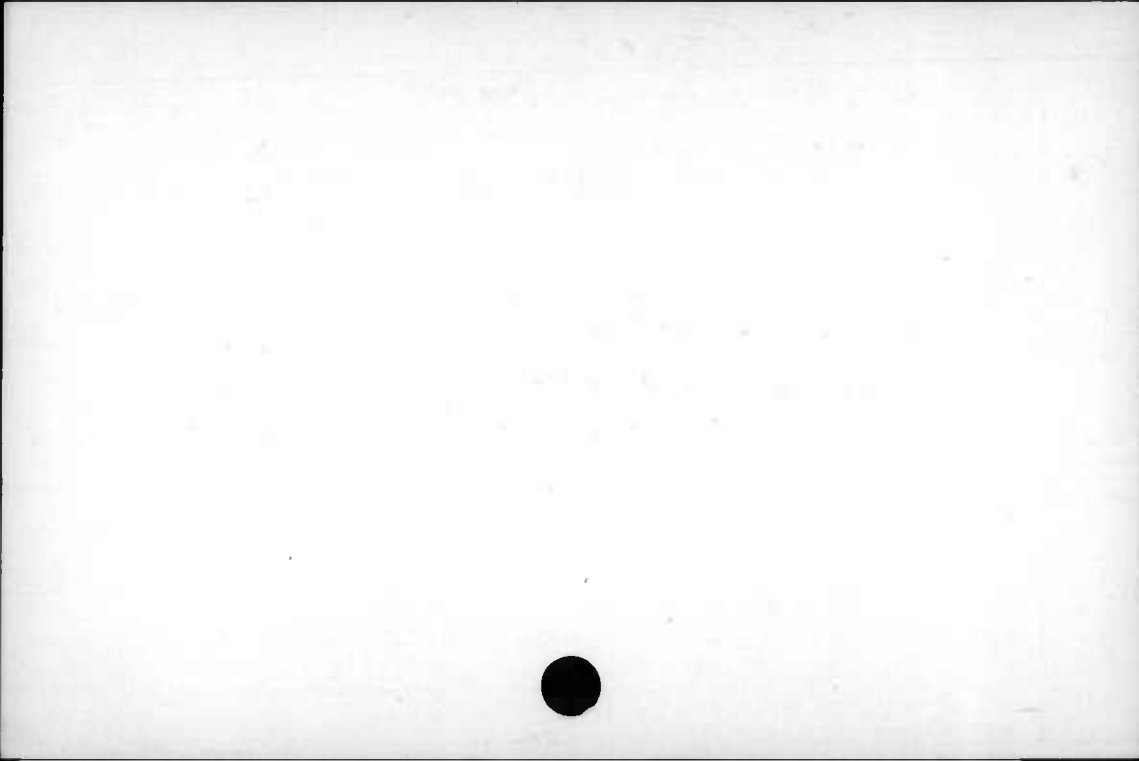
Died at <u>Easton</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date	Month	Day	Years	Months	Days
of death <u>1907</u> <u>Sep</u>		<u>24</u>	<u>Age</u>	<u>10</u>	
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Easton</u>
Occupation		Where Residing if not at place of death			
<u>X</u>		<u>X</u>			
Married, Single or Widowed		Name of Wife or Husband			
<u>X</u>		<u>X</u>			
Father's Name		<u>Lehas Gopher</u>		Father's Birthplace	<u>Easton</u>
Mother's Maiden Name		<u>Leona Johnson</u>		Mother's Birthplace	<u>Easton</u>
Name of person giving information		<u>Leona Johnson</u>		How related to deceased	<u>Mother</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Enter - Infant</u>	How long	<u>2 mos</u>
Immediate	<u>Exhaustion</u>	How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>X</u>		<u>[Signature]</u>	
		Address	
		<u>Easton</u>	
Accident or Suicide?			

(105)



Name
in
Full

Catherine R. Leavitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

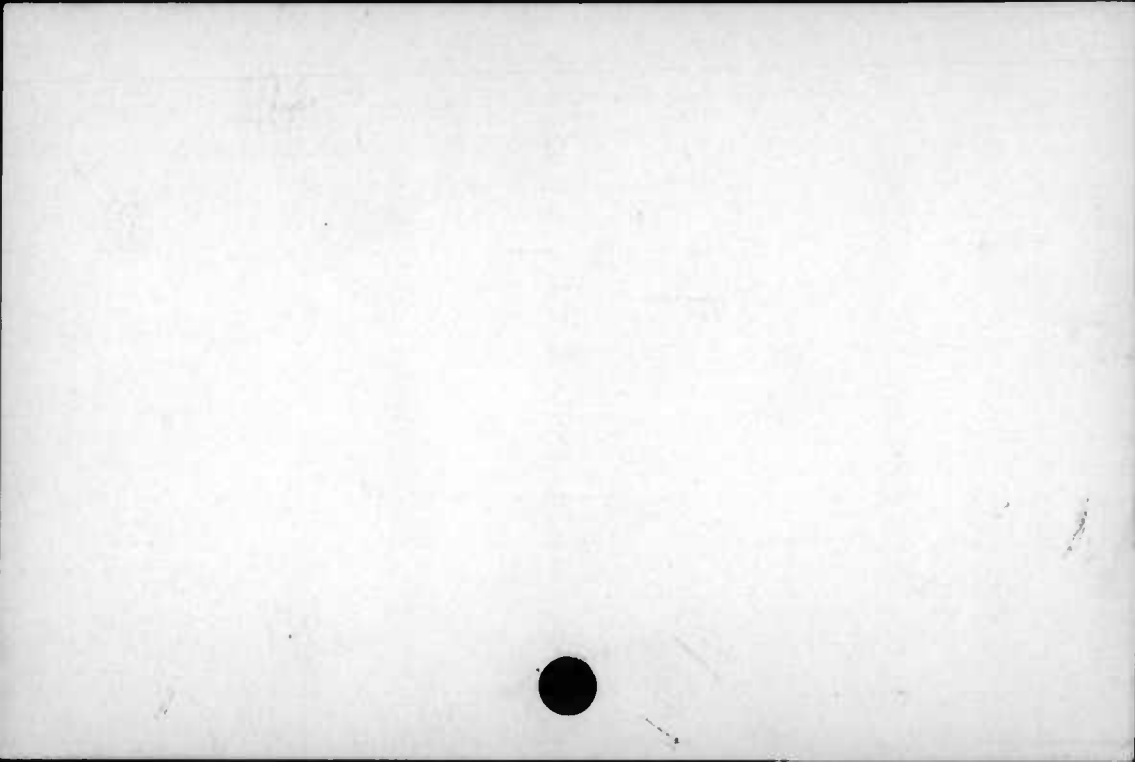
Died at <i>Near Emato</i>		Town <i>Dalton</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Sept</i>		Day <i>19</i>		Age <i>8</i> Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Near Emato</i>		Months <i>8</i> Days <i>—</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Edward Leavitt</i>				Father's Birthplace <i>Dalton Ga</i>			
Mother's Maiden Name <i>Lillian Marion</i>				Mother's Birthplace <i>Dalton Ga</i>			
Name of person giving information <i>Mrs Dawson Stafford</i>				How related to deceased <i>Aunt</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Not known - Dead when I reached her.</i>		How long <i>Not known</i>	
Immediate <i>Heart failure</i>		How long <i>few minutes</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. Davidson</i>	
Address <i>Easton, Md.</i>		Address <i>1</i>	
Accident or Suicide? <i>2</i>			



Name
in
Full

Hoellen M Michael

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>Sep</u> <small>Month</small>	<u>24</u> <small>Day</small>	Age <u>45</u> <small>Years</small>	<u>1</u> <small>Months</small>	<u>1</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Lux Anna</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>1</u>				
Married, Single or Widowed	Name of Wife or Husband <u>John Michael</u>				
Father's Name <u>William T Nelson</u>	Father's Birthplace <u>Talbot Co Md</u>				
Mother's Maiden Name <u>Rebecca Linn</u>	Mother's Birthplace <u>Lux Anna</u>				
Name of person giving information <u>John Michael</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>2 weeks</u>
Immediate <u>Heart exhaustion</u>	How long <u>2 1/2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Robt Rayl</u>
	Address <u>Boston Md.</u>
Accident or Suicide? <u>No.</u>	

2 bened. gae

Bua E. Auer

Ruben E. Auer

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

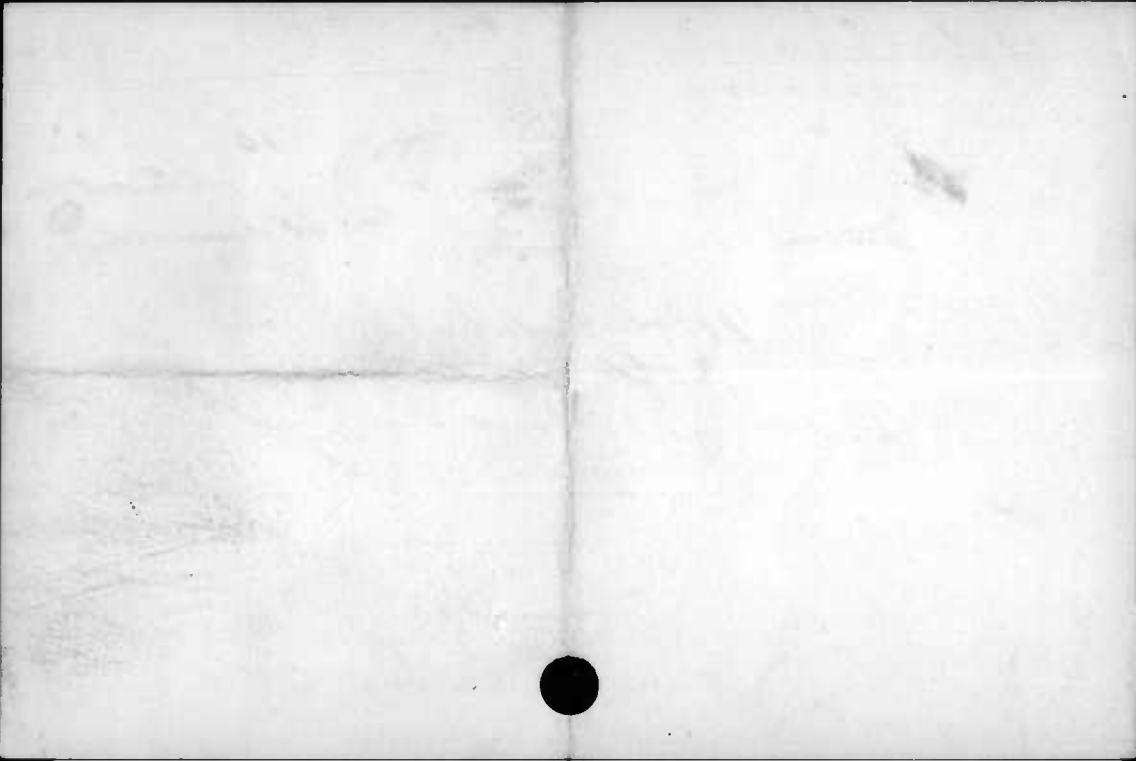
Name in Full <i>Martha Molensky</i>		Town <i>Leondora</i>		County <i>Galtus</i>		State <i>MARYLAND</i>	
Died at <i>Leondora</i>		Date of death 1907		Age <i>10</i>		Months <i>10</i>	
Month <i>Sept</i>		Day <i>24</i>		Years <i>10</i>		Days <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Baltimore</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Baltimore</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>John Molensky</i>		Father's Birthplace <i>Prussia</i>			
Father's Name <i>John Molensky</i>		Mother's Maiden Name <i>Mary Kolbolsky</i>		Mother's Birthplace <i>Prussia</i>			
Name of person giving information <i>Mary Molensky</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Erysipelas</i>		How long <i>Six weeks</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>2</i>		Signature of Physician <i>C. M. Stille, M.D.</i>	
		Address <i>Leondora</i>	
Accident or Suicide?		<i>Ma</i>	



Name

In
Full

Annie Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

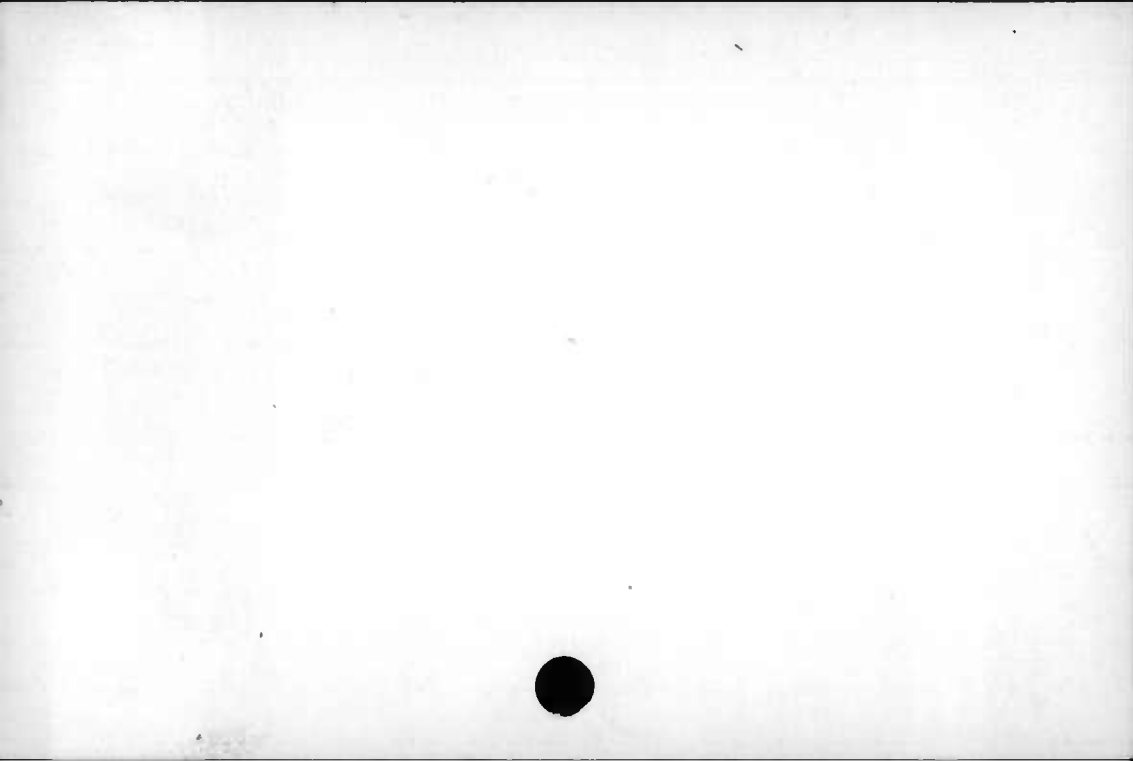
Died at Trappe Town		Talbot County		MARYLAND	
Date of death 1907	Month 9	Day 27	Age 37	Months —	Days —
Sex Female	Color or Race Negro		Birth-place Somerset Co Md		
Occupation Housewife	Where Residing if not at place of death 121 - Shirley S. Biltz Rd				
Married, Single or Widowed Widow	Name of Wife or Husband Hayes Moore				
Father's Name Jefferson Smith	Father's Birthplace Somerset Co Md				
Mother's Maiden Name Annie know	Mother's Birthplace —				
Name of person giving information Rebecca Johnson	How related to deceased Daughter				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis	How long 6 months
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Joseph A. Ross M.D.
	Address Trappe, Talbot Co, Md
Accident or Suicide? —	



Name
In
Full

Harriett Pinkney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

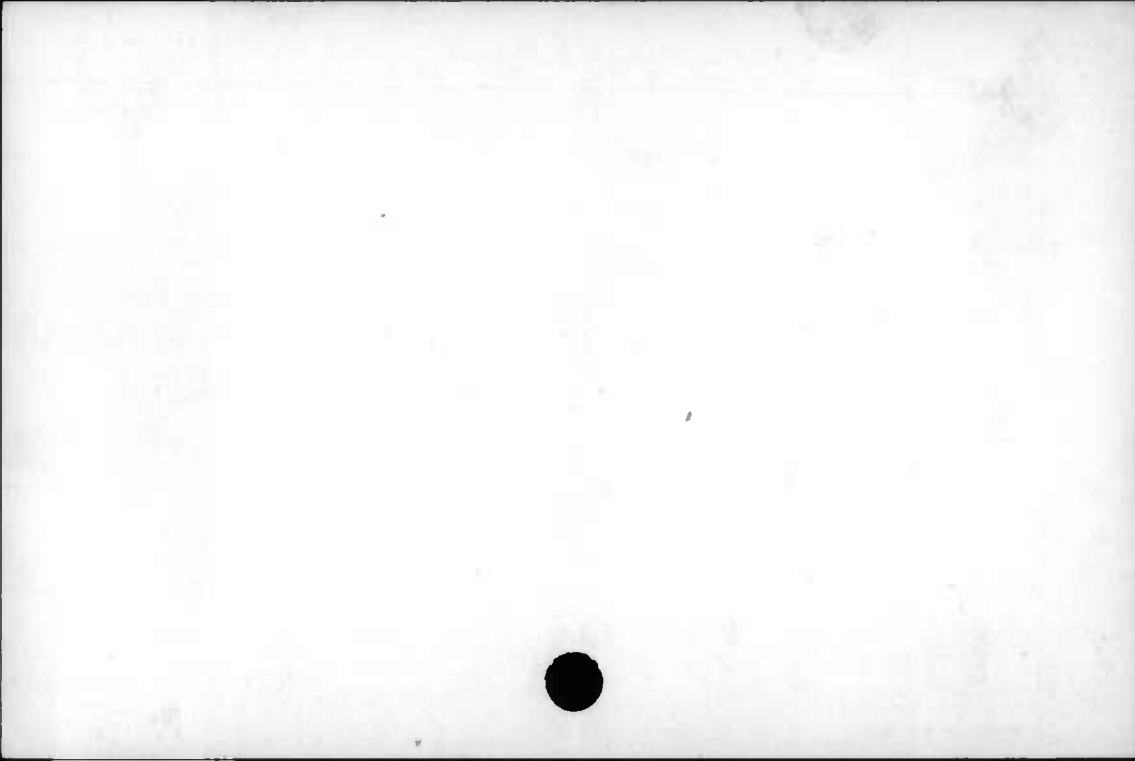
Died at <u>Trape</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small> <u>Sept</u> <small>Day</small> <u>10</u>		Age <u>27</u> <small>Years</small>		Months <u>✓</u> Days <u>✓</u>	
Sex <u>Female</u>		Color or Race <u>colored</u>		Birth-place <u>Talbot Co.</u>	
Occupation <u>Housework</u>		Where Residing if not at place of death <u>✓</u>			
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Allan Pinkney</u>			
Father's Name <u>John Stanley</u>		Father's Birthplace <u>Talbot Co.</u>			
Mother's Maiden Name <u>Mary Bryan</u>		Mother's Birthplace <u>Talbot Co.</u>			
Name of person giving information <u>Matthias H. Bryant</u>		How related to deceased <u>Brother</u>			

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary	<u>Syphilis</u>	How long	<u>6 yrs.</u>
Immediate	<u>Acute nephritis</u>	How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Wm. S. Seymour</u>	
<u>Yes</u>		Address <u>Trape, Md.</u>	
Accident or Suicide? <u>no</u>			



Name
in
Full

Margarette Potter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

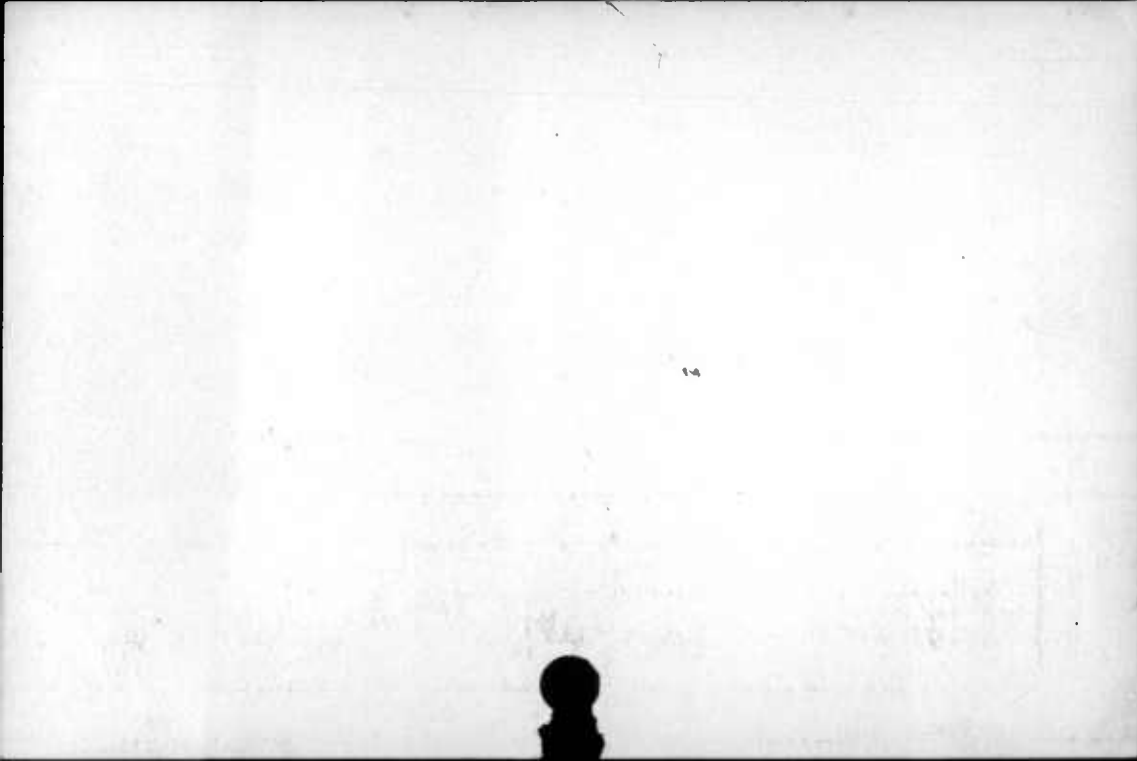
Died at		North Bend		Talbot Co.		MARYLAND	
Date of death		1907	Sept.	12	Age	65	
Sex		Female		Color or Race		Negro	
Occupation		House Wife		Birth-place		did not know	
Married, Single or Widowed		Widow		Where Residing if not at place of death		North Bend	
Father's Name		Emuals Rich		Name of Husband		John Potter	
Mother's Maiden Name		Darky Rich		Father's Birthplace		do not know	
Name of person giving information		John Potter		Mother's Birthplace		do not know	
				How related to deceased		Son	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Rupture cerebral artery	How long	1 hrs -
Immediate	Exhaustion	How long	few minutes
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Chas. F. Davidson	
Address		Easton	
Accident or suicide?			



Name
in
Full

Edward Roberts

CERTIFICATE OF DEATH

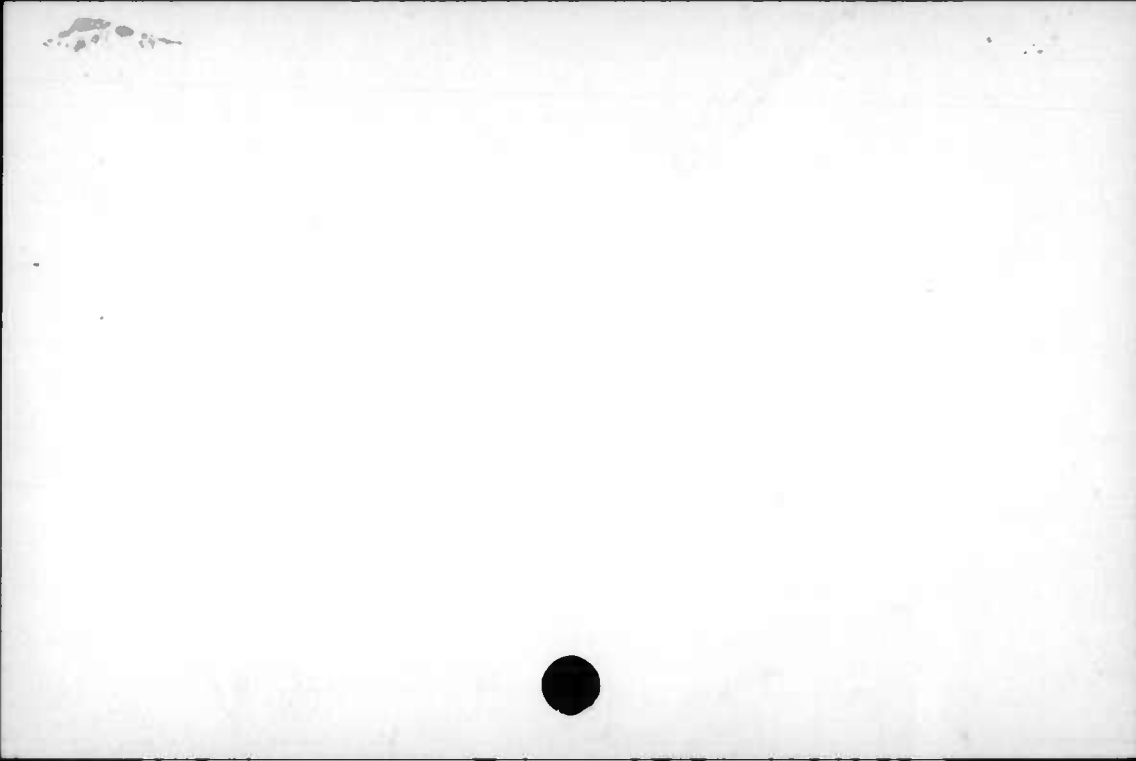
TO BE ANSWERED BY
NEAREST FRIEND

Died near ^{Town} <i>Piappe</i>		^{County} <i>Talbot</i>		MARYLAND	
Date of death	1907	Month	9-	Day	17-
Age		60		Months	
Sex	Male		Color or Race	Negro-	
Occupation	Farm Laborer.		Birth-place	Dnie know	
Married, Single or Widowed		Married.		Name of Wile or Husband	
Father's Name		Dont know His no relatives		Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving In formation		Samuel B Green		How related to deceased	
				None.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hemiplegia.</i>	How long	<i>9 months.</i>
Immediate	<i>2d. Stroke</i>	How long	<i>7 days -</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Joseph A Ross M D</i>	
		Address	
		<i>Piappe, Md.</i>	
Accident or Suicide?			



Name
in
Full

Mrs Margaret Sinclair

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Tilyman		County Talbot		MARYLAND	
Date of death		1907	Month Sep	Day 13	Age 91	Months	Days 15
Sex Female		Color or Race White		Birth- place Somerset Co			
Occupation Housewife		Where Residing if not at place of death Tilyman Md					
Married, Single or Widowed Widow		Name of Wife or Husband Bradford Sinclair - 2nd Husband					
Father's Name John Gibson		Father's Birthplace Somerset Co					
Mother's Maiden Name Mary Agnew		Mother's Birthplace Somerset Co					
Name of person giving Information Thos. P. Cunningham		How related to deceased Son					

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis	How long	Years
Immediate	Asthma	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. Kennedy Gibson	
Yes		Address Tilyman Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

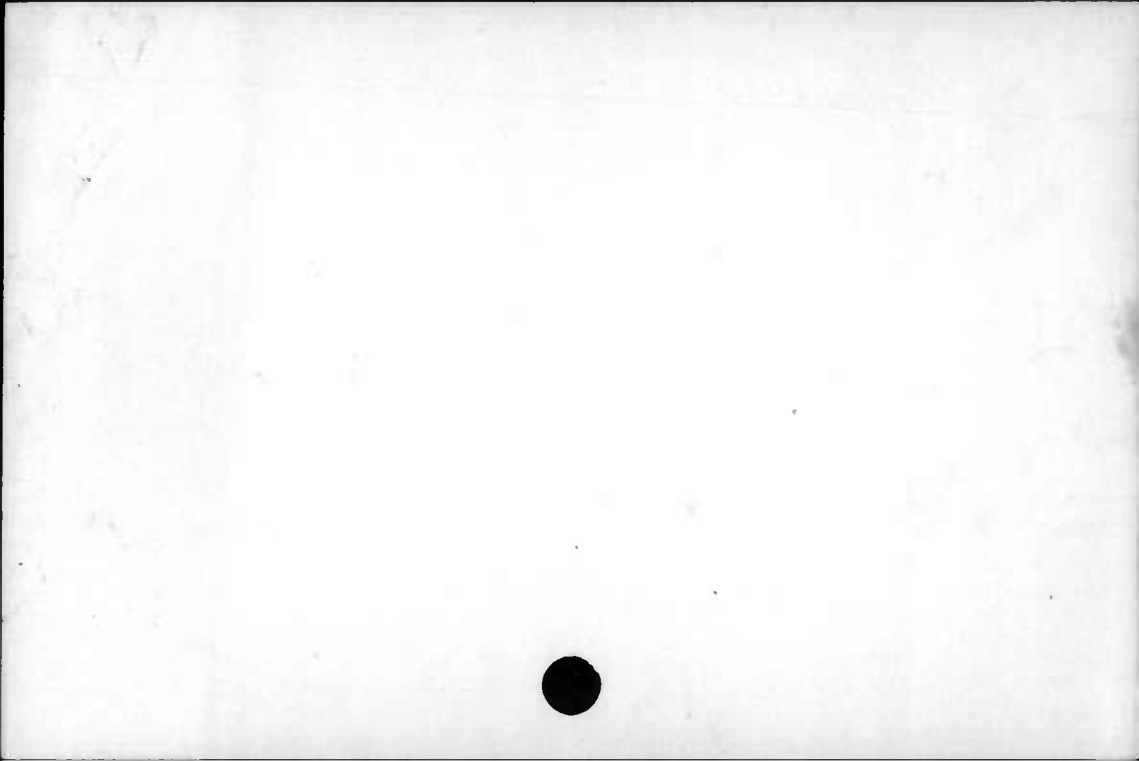
Died at <i>St. Michaels</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>4</i>	Age <i>2</i>	Months <i>2</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>St. Michaels</i>		
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —			
Father's Name <i>James Smith</i>		Father's Birthplace <i>Wicomico Co</i>			
Mother's Maiden Name <i>Mary Barre</i>		Mother's Birthplace <i>Talbot Co</i>			
Name of person giving information <i>James Smith</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Acute Inanition</i>	How long <i>One week</i>
Immediate <i>Cardiac Failure</i>	How long —
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Lopez M.D.</i>
Accident or Suicide? <i>No</i>	Address <i>[Redacted]</i>



Name
in
Full

CERTIFICATE OF DEATH

Ethel Waller

Town

County

MARYLAND

Died at

Foytown

Talent

Date

1907

Month

Sept

Day

5

Age

3

Years

Months

3

Days

25

Sex

Female

Color or Race

Black

Birth-place

Foytown

Occupation

—

Where Residing if not at place of death

—

Married, Single or Widowed

—

Name of Wife or Husband

—

Father's Name

Waller

Father's Birthplace

Johnson

Mother's Maiden Name

Blanche Dobson

Mother's Birthplace

Talent So

Name of person giving information

W. W. Rubins

How related to deceased

none

CAUSES OF DEATH

105

Primary

Enter - Colitis

How long

5 weeks

Immediate

Heart failure

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

9

Signature of Physician

Address

J. B. Mervin

Century Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Henrietta Elizabeth Willson

CERTIFICATE OF DEATH

Died at *Easton* Town *Md* County *Talbot County*

MARYLAND

Date of death *1907* Sept. *15* Age *45* Years Months DaysSex *Female* Color or Race *Col* Birth-place *Indianapolis, Co*Occupation *House wif* Where Residing if not at place of death *Kent Island*Married, Single or Widowed *Married* Name of Wife or *Henrietta E. Cardune*Father's Name *John Wesley Willson* Father's Birthplace *Kent Island*Mother's Maiden Name *Ariminta Willson* Mother's Birthplace *Kent Island*Name of person giving Information *John J. Brower* How related to deceased *Cousin*

CAUSES OF DEATH

134

Primary *Subal Pregnancy 20 yrs. standing with 5-9al sterile pus* How long *20 yrs -*Immediate *Heart failure* How long *2 hrs*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Chas. F. Danzow

Address

*Easton, Md.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

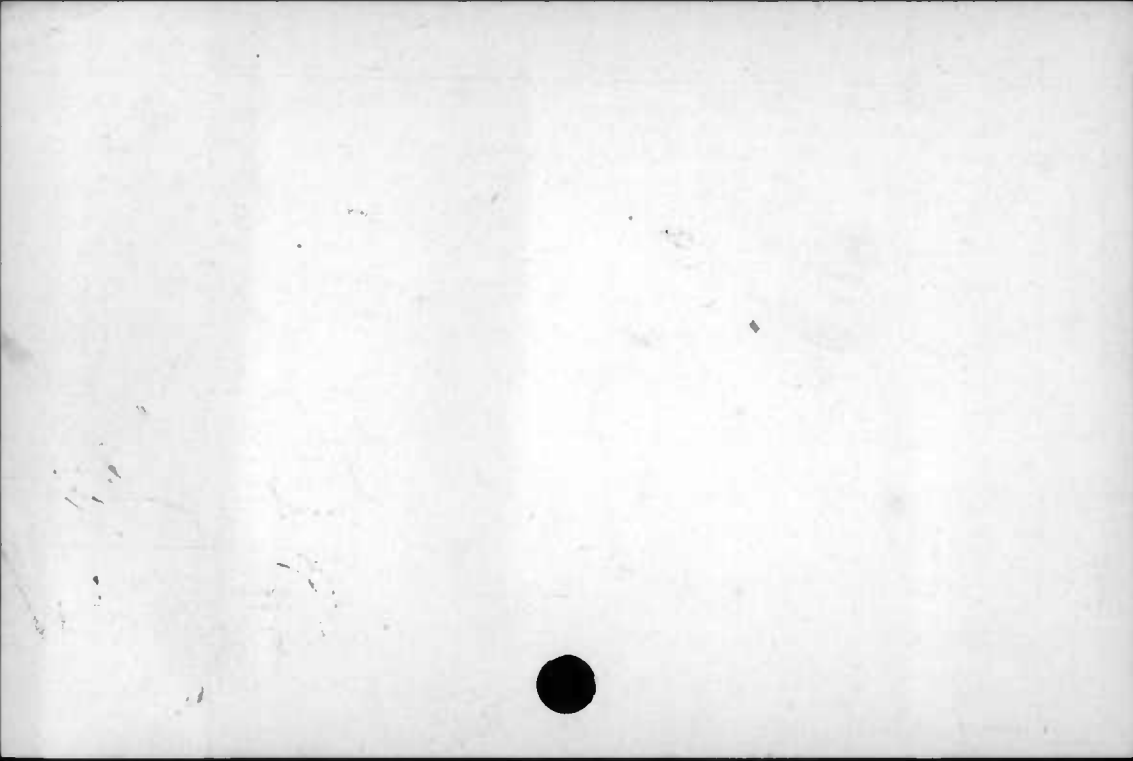
Name <i>John Wilmer</i>		Town <i>Wye Landing</i>		County <i>Talbot</i>	
Died at		Month <i>Sept</i>		Day <i>20</i>	
Date of death <i>1907</i>		Years <i>60</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>	
Occupation <i>Farming</i>		Where Residing if not at place of death <i>Wye Landing</i>			
Married, Single <i>Widowed</i>		Name of Wife or Husband <i>Rosie Wilmer</i>			
Father's Name <i>Perry Wilmer</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary Sutton</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Thomas Wilmer</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>10 months</i>
Immediate	<i>Heart failure</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Stetson</i>	
		Address <i>Wye Mills Ind.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

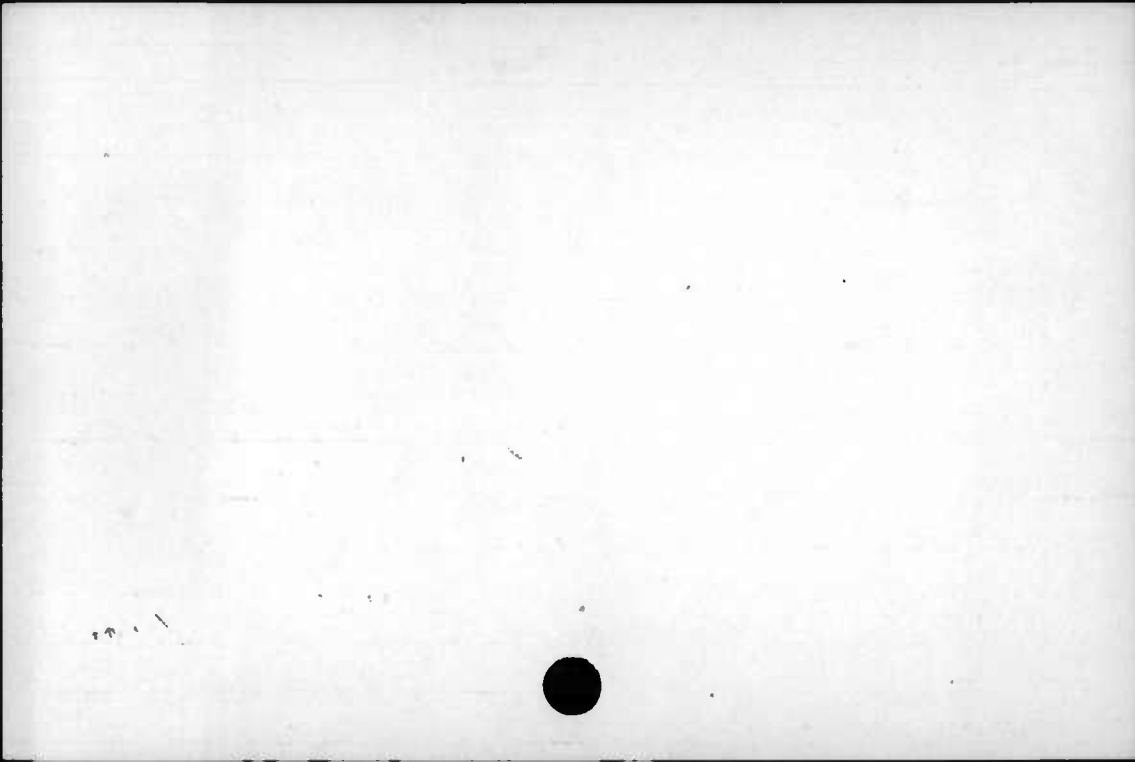
Name in Full <i>Charas May Wilson</i>		Town <i>Loydsville</i>		County <i>Zabok</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1907 Sept 27</i>		<i>1</i>		<i>1</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>		Days <i>0</i>	
Occupation <i>none</i>				Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>		Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>	
Father's Name <i>Walter H. Wilson</i>		Mother's Maiden Name <i>Nettie Roberts</i>		Name of person giving information <i>Walter H. Wilson</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>9 months</i>
Immediate <i>Exhaustion</i>	How long <i>a few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. R. Zipp</i>
	Address <i>Exton</i>
Accident or Suicide? <i>No</i>	<i>Ind</i>



Name
in
Full

William Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Easton		County Talbot		MARYLAND	
Date of death		1907	Month Sep	Day 15	Age 33	Months X	Days X
Sex Male		Color or Race Black		Birth- place Balto			
Occupation Cook		Where Residing if not at place of death Wilmington Del					
Single Widowed		Name of Wife or Husband X					
Father's Name Edward Young		Father's Birthplace X Not known					
Mother's Maiden Name Hesterella Pennington		Mother's Birthplace Talbot					
Name of person giving In formation Perry Pennington		How related to deceased uncle					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Not Known
Immediate	Hemorrhage	How long	10 Minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Chas J Davidson	
Address Easton, Md			
Accident or Suicide?			

